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Patent Specialist

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		3				
6	1					
7		1		1		
8		2				
9	1					
10						
11						
12	1					
13	1					
14						
15						
16	1					
17						
18						
19			1			
20						
21						
22		3				
23	1					
24						
25		2				
26	1					
27						
28						
29	1					
30						
31						
32						
33	1					
34						
35						
36			1			
37						
38			1			
39		2		1		
40	1					
41	1					
42		2				
43		1				
44		2				
45		2	1			
46						
47						
48						
49		3				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59	1					
60		1				
61			1			
62						
63						
64						
65		1				
66		1				
67		1				
68		1				
69						
70		2				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						